

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Youhei SAKAI

Serial No. 10/599,544

Filed: May 23, 2007

For: Silicon Casting Apparatus and Method of Producing
Silicon IngotArt Unit: 1725
Examiner: To be assignedI hereby certify that this correspondence
is being transmitted via electronic filing to:

Mail Stop Amendment

Commissioner for Patents

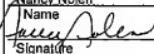
P.O. Box 1450

Alexandria, VA 22313-1450 on

January 24, 2008

Date of Deposit

Nancy Nolen


 01/24/08
 Date

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small entity status has been claimed. See 37 CFR § 1.27.
 A certified copy of ____ Patent Application No. ____ filed ____ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
 A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/\$M \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	17	-	17	**	0	LG=\$50 SM=\$25	\$50
INDEPENDENT CLAIMS FEE	1	-	1	***	0	LG=\$210 SM=\$105	\$210
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS							LARGE ENTITY FEE = \$370 SMALL ENTITY FEE = \$185
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)							\$250 FOR EACH ADDITIONAL 50 SHEETS
							TOTAL \$ 0

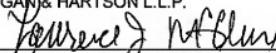
- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- A check in the amount of \$ ____ 0 ____ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- A check in the amount of \$ ____ 0 ____ to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- Any patent application processing fees under 37 C.F.R. § 1.17

Date: January 24, 2008

1999 Avenue of the Stars, Suite 1400
 Los Angeles, California 90067
 Telephone: (310) 785-4600
 Facsimile: (310) 785-4601

 Respectfully submitted,
 HOGAN & HARTSON L.L.P.

 By: 
 Lawrence J. McClure, Ph.D.
 Registration No. 44,228
 Attorney for Applicant(s)